24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Vote!		C C00473918
		O conscio
Check if 24-hour report X 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y		
Full Name of Payee	Da	ate of Public Distribution/Dissemination
The Strategy Group, Inc		10 14 2016
Mailing Address 703 N Franklin	An	nount
Suite 404	7'- Oada	6604.09
,		6604.08 ansaction ID : VN7A7A58GB0 ate of Disbursement or Obligation
Purpose of Expenditure Mailhouse	Category/ Type 001	10 13 2016
Name of Federal Candidate	x Support Office So	ught: X House District: 01
Throne-Holst, Anna, , ,	Oppose Pre	esident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	26416.33 Disburser 2016	ment For:
Full Name of Payee	Da	ate of Public Distribution/Dissemination
The Strategy Group, Inc		10 14 2016
Mailing Address 703 N Franklin	Ar	mount
Suite 404		
	Zip Code	19812.25
Chicago IL		Insaction ID: VN7A7A58KF8 ate of Disbursement or Obligation
Purpose of Expenditure Mailhouse	Category/ Type 001	10 13 2016
Name of Federal Candidate	Support Office So	ought: X House District: 01
Zeldin, Lee, , ,	X Oppose Pre	esident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	26416.33 Disburser 2016	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	26416.33
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	26416.33
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
	cally Filed] Date 10	14 2016
Signature		